

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac St.

Suite 400

☐ Check if different than previously reported. (ACC)

Boston

MA

02114

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00042622

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brent Anderson

Signature of Treasurer

Brent Anderson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
02 01 2010 To: M M / D D / Y Y Y Y Y Y  
02 28 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2010</span>		77412.05
(b) Cash on Hand at Beginning of Reporting Period.....	344314.10	
(c) Total Receipts (from Line 19) .....	84900.50	1049990.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	429214.60	1127402.55
7. Total Disbursements (from Line 31) .....	154496.20	852684.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	274718.40	274718.40
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5660.20	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
02 / 01 / 2010

To:

M M / D D / Y Y Y Y Y  
02 / 28 / 2010
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

72200.00

169309.00

(ii) Unitemized .....

12700.50

23075.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

84900.50

192384.50

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

84900.50

202384.50

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

847606.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

84900.50

1049990.50

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

84900.50

1049990.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	96278.16	162795.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	96278.16	162795.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	47488.52	677026.52
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	10729.52	12862.57
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	10729.52	12862.57
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	154496.20	852684.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	154496.20	852684.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	84900.50	202384.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	84900.50	202384.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	96278.16	162795.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	96278.16	162795.06

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

## **A. Marie Angelides**

Mailing Address 1200 Converse Street

City State Zip Code  
 Longmeadow MA 01106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2010

**Transaction ID : 00317.C178138**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. John Davis**

Mailing Address 101 Woodsley Road

City State Zip Code  
 Longmeadow MA 01106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Ventry Industries

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2010

**Transaction ID : 00217.C178058**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **C. David Emmerich**

Mailing Address 101 Shelton Rd.

City State Zip Code  
 Swampscott MA 01907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

First Republic Bank

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2010

**Transaction ID : 00317.C178142**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Joel K Greenberg**

Mailing Address 727 Marion Square Road

City State Zip Code  
 Gladwyne PA 19035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIG LLP

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 26 / 2010

**Transaction ID : 00317.C178305**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. Clark Griffith**

Mailing Address P.O. Box 127  
 15 Lakeview St.

City State Zip Code  
 South Carver MA 02366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 24 / 2010

**Transaction ID : 00317.C178131**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Jeanne Kangas**

Mailing Address 959 Hill Rd

City State Zip Code  
 Boxborough MA 01719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arnold & Kangas, P.C.

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 12 / 2010

**Transaction ID : 00217.C178070**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 8 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Kurt Lanza**

Mailing Address PO Box 2178

City State Zip Code  
 Littleton MA 01460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 26 / 2010

**Transaction ID : 00317.C178364**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Peter Maich**

Mailing Address 15 Linden Drive

City State Zip Code  
 Cohasset MA 02025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Retailer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 24 / 2010

**Transaction ID : 00317.C178147**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Susan Mattes**

Mailing Address 9 Hardy Road

City State Zip Code  
 Marlborough MA 01752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Astrazeneca R&D Boston

Research Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 26 / 2010

**Transaction ID : 00317.C178398**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. James McManus**

Mailing Address 88 Chestnut St

City State Zip Code  
 Weston MA 02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Commercial Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2010

**Transaction ID : 00217.C178076**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Albert Merck**

Mailing Address 1010 Waltham St  
 F-19

City State Zip Code  
 Lexington MA 02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2010

**Transaction ID : 00217.C178075**

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. Peter Monaco**

Mailing Address 311 Marlborough St.

City State Zip Code  
 Boston MA 02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Raptor Capitol Management

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2010

**Transaction ID : 00317.C178252**

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Peter Monaco**

Mailing Address 311 Marlborough St.

City State Zip Code  
 Boston MA 02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Raptor Capitol Management

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2010

**Transaction ID : 00317.C178288**

Amount of Each Receipt this Period

-5000.00

Full Name (Last, First, Middle Initial)

**B. James Murray**

Mailing Address 700 East Main St.

City State Zip Code  
 Saint Charles IL 60174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Information Requested

Occupation  
 Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2010

**Transaction ID : 00317.C178132**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. H. Bradlee Perry**

Mailing Address 865 Central Avenue  
 K-109

City State Zip Code  
 Needham MA 02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2010

**Transaction ID : 00317.C178393**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

-4250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 OF 36  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Lovett Peters**

Mailing Address 10 Longwood Dr #10

City State Zip Code  
Westwood MA 02090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pioneer Institute

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 12 / 2010

**Transaction ID : 00217.C178071**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Josephine Pomeroy**

Mailing Address 10 Longmeadow Dr.

City State Zip Code  
Westwood MA 02090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2010

**Transaction ID : 00317.C178130**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Chris Rohan**

Mailing Address 86 Jacobs Lane

City State Zip Code  
Norwell MA 02061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fidelity Investments

Occupation

VP Investment Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2010

**Transaction ID : 00317.C178149**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Mark Russell**

Mailing Address 15 Hobart Rd

City State Zip Code  
 Newton MA 02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2010

**Transaction ID : 00317.C178115**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michael Savage**

Mailing Address 100 Belvidere St  
 Apt 7bc

City State Zip Code  
 Boston MA 02199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2010

**Transaction ID : 00317.C178474**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Steven Snider**

Mailing Address 114 Shornecliffe Road

City State Zip Code  
 Newton MA 02458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Pyramis Global Advisors

Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2010

**Transaction ID : 00317.C178258**

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

## **A. Sinclair Weeks**

Mailing Address 100 Newbury Ct., Apt. 502

City State Zip Code  
 Concord MA 01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 12 / 2010

**Transaction ID : 00217.C178072**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. D. Bradford Wetherell**

Mailing Address 47 Fresh Pond Ln.

City State Zip Code  
 Cambridge MA 02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Romney for President

Policy Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 26 / 2010

**Transaction ID : 00317.C178394**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Bipartisan Political Action Committee**

Mailing Address The Bank of NY Mellon corpt  
 One mellon Bank Center, Room 657

City State Zip Code  
 Pittsburgh PA 15258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 26 / 2010

**Transaction ID : 00317.C178409**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6300.00

72200.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 36

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Melissa Lucas**

Mailing Address 22 Slayton Road

City Melrose                      State MA                      Zip Code 02176

Purpose of Disbursement  
fundraising consultin fee for party rela

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02                      03                      2010
**Transaction ID : 00317.E11927**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Jennifer Nassour**

Mailing Address 49 Chelsea St., Unit C1-307

City Boston                      State MA                      Zip Code 02129

Purpose of Disbursement  
Reimbursement See below

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02                      03                      2010
**Transaction ID : 00317.E11956**

Amount of Each Disbursement this Period

756.97

Full Name (Last, First, Middle Initial)

**C. Jennifer Nassour**

Mailing Address 49 Chelsea St., Unit C1-307

City Boston                      State MA                      Zip Code 02129

Purpose of Disbursement  
Reimbursement See below

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02                      03                      2010
**Transaction ID : 00317.E11957**

Amount of Each Disbursement this Period

982.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4238.97





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 36

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. McDermott Will & Emory**

Mailing Address 600 13th Street NW

City Washington      State DC      Zip Code 20005

Purpose of Disbursement  
Legal Counsel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      25      2010
**Transaction ID : 00318.E11966**

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 1270

City Newark      State NJ      Zip Code 07101

Purpose of Disbursement  
Credit Card: See Below

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      04      2010
**Transaction ID : 00319.E11967**

Amount of Each Disbursement this Period

10322.62

Full Name (Last, First, Middle Initial)

**C. Airflight Ins Premium**

Mailing Address PO Box 19020

City Green Bay      State WI      Zip Code 54307

Purpose of Disbursement  
amex payment - insurance prem.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      04      2010
**Transaction ID : 00319.E11973**

Amount of Each Disbursement this Period

299.88

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35322.62

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Delta Airline**

Mailing Address web address only- www.delta.com

City State Zip Code  
Boston MA 02114
Purpose of Disbursement  
amex payment - travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 04 2010
**Transaction ID : 00319.E11972**

Amount of Each Disbursement this Period

6616.80

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Hilton Back Bay**

Mailing Address 40 Dalton St.

City State Zip Code  
Boston MA 02115
Purpose of Disbursement  
amex payment - hotel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 04 2010
**Transaction ID : 00319.E11971**

Amount of Each Disbursement this Period

3276.61

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Blue Cross Blue Shield of Massachusetts**Mailing Address Landmark Center  
401 Park Drive
City State Zip Code  
Boston MA 02215
Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 17 2010
**Transaction ID : 00317.E11898**

Amount of Each Disbursement this Period

468.20

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

468.20

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Boston Marriott Newton**

Mailing Address 2345 Commonwealth Ave.

City Newton                      State MA                      Zip Code 02466

Purpose of Disbursement  
catering and room rental for state commi

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02                      17                      2010
**Transaction ID : 00317.E11922**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Bowditch & Dewey**Mailing Address 311 Main St.  
PO Box 15156

City Worcester                      State MA                      Zip Code 01615

Purpose of Disbursement  
General Counsel and compliance

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02                      03                      2010
**Transaction ID : 00317.E11899**

Amount of Each Disbursement this Period

1700.00

Full Name (Last, First, Middle Initial)

**C. Byte Bulb**Mailing Address The Trimount Company, Inc.  
75 Meadowbrook RD.

City Hanover                      State MA                      Zip Code 02339

Purpose of Disbursement  
party related website development

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02                      03                      2010
**Transaction ID : 00317.E11902**

Amount of Each Disbursement this Period

210.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2160.00





<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican State Congressional Committee

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican State Congressional Committee

767.91

MM / DD / YYYY

1750.00

MM / DD / YYYY

425.00

2942.91

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican State Congressional Committee

### A. Ox-Eye Properties

Date of Disbursement

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City	State	Zip Code
Boston	MA	02114

Transaction ID : 00317.E11930

Purpose of Disbursement	
Rent & Utilities	

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

### B. Ox-Eye Properties

Date of Disbursement

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City	State	Zip Code
Boston	MA	02114

Transaction ID : 00317.E11931

Purpose of Disbursement	
Rent & Utilites	

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

### C. Paychex/InterPay

Date of Disbursement

Mailing Address PO Box 8295

City	State	Zip Code
Boston	MA	02266

Transaction ID : 00317.E11948

Purpose of Disbursement	Amount
payroll fee	

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

5117.01

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 36

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Paychex/InterPay**

Mailing Address PO Box 8295

City Boston      State MA      Zip Code 02266

Purpose of Disbursement  
payroll fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      18      2010
**Transaction ID : 00317.E11949**

Amount of Each Disbursement this Period

77.71

Full Name (Last, First, Middle Initial)

**B. Paychex/InterPay**

Mailing Address PO Box 8295

City Boston      State MA      Zip Code 02266

Purpose of Disbursement  
payroll tax

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      04      2010
**Transaction ID : 00317.E11950**

Amount of Each Disbursement this Period

2280.86

Full Name (Last, First, Middle Initial)

**C. Paychex/InterPay**

Mailing Address PO Box 8295

City Boston      State MA      Zip Code 02266

Purpose of Disbursement  
payroll tax

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      18      2010
**Transaction ID : 00317.E11951**

Amount of Each Disbursement this Period

2260.87

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4619.44

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 36

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

## **A. Poland Spring**

Mailing Address Processing Center  
PO Box 52271

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Bottled water

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2010

**Transaction ID : 00317.E11932**

Amount of Each Disbursement this Period

96.66

Full Name (Last, First, Middle Initial)

## **B. SCM Associates**

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444

Purpose of Disbursement  
Direct Mail

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2010

**Transaction ID : 00317.E11933**

Amount of Each Disbursement this Period

5513.96

Full Name (Last, First, Middle Initial)

## **C. SCR & Associates, LLC**

Mailing Address 4 Leblanc Dr

City Danvers State MA Zip Code 01923

Purpose of Disbursement  
Fundraising Consulting Fee- party relate

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2010

**Transaction ID : 00317.E11934**

Amount of Each Disbursement this Period

6000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11610.62

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican State Congressional Committee

Category/  
Type

270.14

State:  District:

MM / DD / YYYY

Category/  
Type

220.18

State:  District:

Category/  
Type

Age Group	Percentage
18-24	131.76
25-34	~100
35-44	~100
45-54	~100
55-64	~100
65-74	~100
75-84	~100
85+	~100

State:  District:

622.08

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican State Congressional Committee

### A. Verizon

Category/  
Type

792.12

State:  District:

### B. Verizon

MM / DD / YYYY

Category/  
Type

643.63

State:  District:

**C.**

Category/  
Type

State:  District:

Age Group	Percentage
18-24	1435.75
25-34	
35-44	
45-54	
55-64	
65-74	
75-84	
85+	

95995.29

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Nick Connors**

Mailing Address 74 Green Street

City	State	Zip Code
Stoneham	MA	02180

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2010

**Transaction ID : 00317.E11946**

Amount of Each Disbursement this Period

1941.42
---------

Full Name (Last, First, Middle Initial)

**B. Nick Connors**

Mailing Address 74 Green Street

City	State	Zip Code
Stoneham	MA	02180

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2010

**Transaction ID : 00317.E11947**

Amount of Each Disbursement this Period

1941.42
---------

Full Name (Last, First, Middle Initial)

**C. Tarah Donoghue**

Mailing Address 3 Main Street

City	State	Zip Code
Dover	MA	02030

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2010

**Transaction ID : 00317.E11952**

Amount of Each Disbursement this Period

1584.40
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5467.24
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A. Tarah Donoghue**

Mailing Address 3 Main Street

City	State	Zip Code
Dover	MA	02030

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2010

Transaction ID : 00317.E11953

Amount of Each Disbursement this Period

1584.42
---------

Full Name (Last, First, Middle Initial)

**B. Kaitlyn Greeley**

Mailing Address 34 Fresno St.

City	State	Zip Code
Boston	MA	02131

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2010

Transaction ID : 00317.E11942

Amount of Each Disbursement this Period

685.14
--------

Full Name (Last, First, Middle Initial)

**C. Kaitlyn Greeley**

Mailing Address 34 Fresno St.

City	State	Zip Code
Boston	MA	02131

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2010

Transaction ID : 00317.E11943

Amount of Each Disbursement this Period

685.14
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2954.70
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Kirsten Hughes**

Mailing Address 72 Davis Street

City	State	Zip Code
Quincy	MA	02170

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2010

**Transaction ID : 00317.E11944**

Amount of Each Disbursement this Period

1092.57
---------

Full Name (Last, First, Middle Initial)

**B. Kirsten Hughes**

Mailing Address 72 Davis Street

City	State	Zip Code
Quincy	MA	02170

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2010

**Transaction ID : 00317.E11945**

Amount of Each Disbursement this Period

1092.58
---------

Full Name (Last, First, Middle Initial)

**C. Brett Kasper**

Mailing Address 43 Eastern Ave. Apt. 3

City	State	Zip Code
Lynn	MA	01902

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2010

**Transaction ID : 00317.E11900**

Amount of Each Disbursement this Period

52.47
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2237.62
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Massachusetts Republican State Congressional Committee**

Full Name (Last, First, Middle Initial)

**A. Brett Kasper**

Mailing Address 43 Eastern Ave. Apt. 3

City	State	Zip Code
Lynn	MA	01902

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2010

**Transaction ID : 00317.E11901**

Amount of Each Disbursement this Period

69.96
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

69.96
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10729.52
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**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 OF 36

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lexis-Nexis

Nature of Debt (Purpose):

Mailing Address PO Box 7247-7090

City State

Zip Code

Philadelphia

PA

19170

Outstanding Balance Beginning This Period

250.00

Transaction ID : LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lexis-Nexis

Nature of Debt (Purpose):

Mailing Address PO Box 7247-7090

City State

Zip Code

Philadelphia

PA

19170

Outstanding Balance Beginning This Period

250.00

Transaction ID : LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lexis-Nexis

Nature of Debt (Purpose):

Mailing Address PO Box 7247-7090

City

State

Zip Code

Philadelphia

PA

19170

Outstanding Balance Beginning This Period

1250.00

Transaction ID : LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) SUBTOTALS This Period This Page (optional)..... ►

1750.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 OF 36

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS Connect

Nature of Debt (Purpose):

Mailing Address 7300 Hudson Blvd. Ste

City State

Zip Code

Saint Paul

MN

55128

Outstanding Balance Beginning This Period

3910.20

Transaction ID : LS91217.E11763

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3910.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

3910.20

2) **TOTALS** This Period (last page this line number only)..... ►

5660.20

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

5660.20

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 35 OF 36  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Massachusetts Republican State Congressional Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00042622       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Victory Enterprises</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Dissemination date: 1/18/2010		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2010</div>	
Mailing Address 5200 S.W. 30th St., Ste. 7		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           11540.56         </div>	
City Davenport	State IA	Zip Code 52802	Transaction ID : 00317.E11941
Purpose of Expenditure Strategy consulting	Category/ Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL GENERAL</b>	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           676514.84         </div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           676514.84         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>FTIN Solutions</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Dissemination date: 12/2/2009		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2010</div>	
Mailing Address 325 E Jimmie Leeds Rd. #117		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           5373.80         </div>	
City	State NJ	Zip Code 08205	Transaction ID : 00317.E11912
Purpose of Expenditure Telemarketing	Category/ Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL GENERAL</b>	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           676514.84         </div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           676514.84         </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           16914.36         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           16914.36         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brent Andersen

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 36 OF 36  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Massachusetts Republican State Congressional Committee</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00042622         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Will &amp; Emory McDermott</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 08 / 2010	
Invoice for services rendered for 1/11/2010 - 1/19/2010		Amount <span style="border: 1px solid black; padding: 2px;">30000.00</span>	
Mailing Address 600 13th Street NW			
City Washington	State DC	Zip Code 20005	<b>Transaction ID : 00317.E11926</b>  Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President  Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Legal Counsel		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Brown			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">676514.84</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2010 <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL GENERAL</b>	

Full Name (Last, First, Middle Initial) of Payee <b>Henrietta Tow</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 25 / 2010	
Invoice for services up to 1/19/2010		Amount <span style="border: 1px solid black; padding: 2px;">574.16</span>	
Mailing Address 4709 Hunt Rd.			
City Onondaga	State MI	Zip Code 49264	<b>Transaction ID : 00317.E11916</b>  Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President  Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Strategy consulting - reimbursement		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Brown			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">676514.84</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2010 <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL GENERAL</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">30574.16</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">47488.52</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brent Andersen

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2011

Signature